

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DONALD J. TRUMP FOR PRESIDENT, INC.**

**A.** Full Name (Last, First, Middle Initial)

**CABAJ, LINDA, , ,**

Mailing Address 5069 GOODWILL RD

City  
TOLEDO

State  
OH

Zip Code  
43613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

**Transaction ID : SA17A.357369**

Date of Receipt

MM / DD / YYYY  
05 / 13 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**CABALLERO, ALBERT, GROSS, ,**

Mailing Address 8581 SANTA MONICA BLVD  
STE 19

City  
WEST HOLLYWOOD

State  
CA

Zip Code  
90069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42.00

**Transaction ID : SA17A.357371**

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2020

Amount of Each Receipt this Period

42.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**CABALLERO, DAVID, RAFOLS, , JR**

Mailing Address 6622 QUEENSClub DR

City  
HOUSTON

State  
TX

Zip Code  
77069-1241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FRACHT FWO INC

Occupation  
PROJECT MANAGER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

**Transaction ID : SA17A.357373**

Date of Receipt

MM / DD / YYYY  
05 / 14 / 2020

Amount of Each Receipt this Period

25.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

77.00

**Total This Period** (last page this line number only) .....